PAINTING SERVICES

DATE:

INVOICE #:

COMPANY NAME

[YOUR COMPANY SLOGAN HERE]

**TO** [NAME]

 [COMPANY NAME]

 [STREET ADDRESS]

 [CITY, ST ZIP CODE]

 [PHONE]

|  |  |
| --- | --- |
| SERVICE PERSON | JOB AREA |
|  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SERVICE** | **DESCRIPTION** | **AMOUNT** | **COST PER UNIT** | **UNIT TOTAL** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **TOTAL** | $ |  |
|  | **SUBTOTAL** | $ |
|  | **SALES TAX** |  |
|  | **TOTAL** | $ |

TO ACCEPT THIS RECIEPT, SIGNATURE AND RETURN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**THANK YOU FOR YOUR**

**BUSINESS!**